

Showcasing Our Successes



DHEC Bureau of Community Health and Chronic Disease Prevention

With the growing demand for positive outcomes and a shrinking funding base, it is now more important than ever to let the public and key decision makers know about public health accomplishments. We cannot always rely on the media to communicate the positive results of our programs. The public health community must take on the task of showcasing its impressive work.

Three years ago, the South Carolina Department of Health and Environmental Control (DHEC) was introduced to the success story concept through training from the Centers for Disease Control and Prevention (CDC). Focusing on an emotional hook, backed with powerful statistics, and describing unique interventions and impacts, the success story model is succinct yet informative. DHEC's Bureau of Community Health and Chronic Disease Prevention embraced the concept. It is an effective tool to share the successes of our programs.

Through the hard work and effort of our Bureau's Public Information Team, comprised of Mary-Kathryn Craft, Betsy Crick, and Joann Minder, many success story trainings have taken place for agency employees and community partners. Today, we are proud to say that several of our Bureau's Divisions now require success stories as part of their everyday work. These stories have been far reaching, having appeared in print media, on Web sites, in national conference presentations, and in agency newsletters and annual reports.

We have compiled this booklet of some of the most impressive success stories from the past two years. We applaud the hard work of our employees, who are making a true, positive impact on public health issues in South Carolina!



Michael D. Byrd, PhD, MPH, LMSW
Director, DHEC Bureau of Community Health and Chronic Disease Prevention



L. Owens Goff, Jr.
Assistant Director, DHEC Bureau of Community Health and Chronic Disease Prevention
State Preventive Health and Health Services Block Grant Coordinator



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Community Coalitions Spread Important Messages About Diabetes

Issue

Ruth McKnight, an 81-year-old grandmother and retired educator from Kingstree, knows first-hand that diabetes can be a family affair. She was diagnosed with the disease in 1946 when she was a sophomore at Claflin College. Her grandmother had diabetes, and her mother lost four babies because of complications with diabetes during her pregnancies. Most recently, Mrs. McKnight's 12-year-old granddaughter has been diagnosed with the disease that is the seventh leading cause of death in South Carolina.

In addition to death from acute complications, diabetes increases the risk of death from cardiovascular disease and end-stage renal disease. Although increased death rates are seen for all ages and races, minority populations

and older populations experience the highest rates. South Carolina is eighth in the nation for diabetes prevalence among African Americans.

Likewise, African Americans are twice as likely to have diabetes as their Caucasian counterparts.

Intervention

However, the S.C. Department of Health and Environmental Control (DHEC) and its community coalitions are working to make sure these statistics are not always so grim. With proper awareness of risk factors, education about the disease, and self-management, diabetes does not have to be a death sentence.

“More than 10,000 South Carolinians have received diabetes education, prevention and awareness messages provided by coalitions.”

In 1999, the Diabetes Initiative (DSC), which includes DHEC, created various community-based coalitions statewide to

serve as local resources for diabetes education. Members include community people, health professionals, and people living with diabetes. Active coalitions meet on a monthly or quarterly basis to conduct diabetes activities such as:

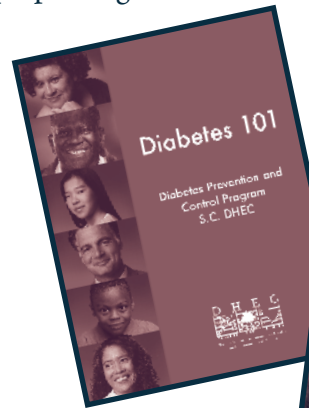
- Partnering with community health centers to sponsor "Take a Loved One for a Check-up Day;"
- Diabetes Today Training, which is a community-based diabetes initiative created to focus on the strengths of the community and empower local groups to creatively improve diabetes care and education;
- Diabetes 101 Training, which is a program designed to give people information on signs, symptoms and risk factors;
- Faith-based nutrition and exercise programs designed to develop new health ministries, while encouraging existing health ministries to sponsor nutritional cooking classes and physical activities aimed at reducing complications associated with diabetes;
- Developing or updating local diabetes resource guides that include diabetes-related organizations, programs, and services within the community; and
- Implementing time-phased walking clubs.

Impact

After attending a local diabetes coalition meeting in 2002, Mrs. McKnight was inspired to learn more about the disease she had lived with all of her adult life. Since then, she has shared her testimony at coalition-sponsored workshops, meetings and other events to demonstrate that it's possible to live well with diabetes. Thanks to people like Mrs. McKnight, the number of coalitions has grown to 34 chapters across South Carolina. Sixteen of the 34 coalitions are active and producing outcomes while 18 have experienced challenges and need guidance and leadership.

Since 1999 when the coalitions formed, the following results have taken place:

- More than 10,000 South Carolinians have received diabetes education, prevention and awareness messages provided by coalitions;
- Currently, there are about 5,000 total coalition members statewide; and
- The prevalence rate of diabetes in South Carolina increased to 9.6 percent in 2006 from 5.7 percent in 1999. Though this could be seen as bad news, the increase may be due to people better understanding the signs and symptoms of the disease and getting proper diagnosis.



Contact:

Michelle Moody, MPH, CHES

Statewide Coalition Coordinator, Diabetes Prevention and Control Program

South Carolina Department of Health and Environmental Control

1800 St. Julian Place, Columbia, SC 29204 (803) 545-4473 moodyrm@dhec.sc.gov

Cancer Screening Program Saves Women's Lives in South Carolina

Issue

Mrs. Kelly, a retired mother of seven from McCormick, didn't know about the lump in her right breast. She likely would have died from breast cancer had she not learned of an important screening service available to many women like her throughout South Carolina.

Mrs. Kelly is not alone. Breast cancer is the most commonly diagnosed cancer among S.C. women, and about 2,600 women will be diagnosed this year. It's the second highest cause of cancer deaths among our state's women. An estimated 570 women will die this year in South Carolina from the disease. Cervical cancer also impacts many women and is virtually 100 percent preventable if detected in precancerous stages, yet in South Carolina about 55 women die from it every year. Women who have rarely or never been screened are

more often diagnosed at later stages of both breast and cervical cancer than women who have previously been screened.

Intervention

The Best Chance Network (BCN) works to reduce the toll of breast and cervical cancer on S.C. women by providing free screenings to women who meet income and financial eligibility guidelines. BCN offers:

- Screening services including mammograms, clinical breast exams, Pap tests, and pelvic exams;
- Diagnostic procedures;
- Case management; and
- Community education on breast and cervical cancer and early detection.

BCN received more than \$3.3 million this year from a federal Centers for Disease Control and Prevention (CDC) grant to cover screening, diagnostic procedures, supportive services (quality assurance and case management), recruitment, and public education for breast and cervical cancer services. Medicaid has paid more than \$3.6 million for treatment since January 1, 2007.

BCN's success relies on support from DHEC for program management, clinical verification, reimbursements, and case management; from the S.C. Department of Health and Human Services (DHHS) for Medicaid coverage of treatment; and from the American Cancer Society (ACS) for outreach.

“I thank the Lord for Best Chance Network,” says Mrs. Kelly, a grandmother of 20 and now a breast cancer survivor.”

Impact

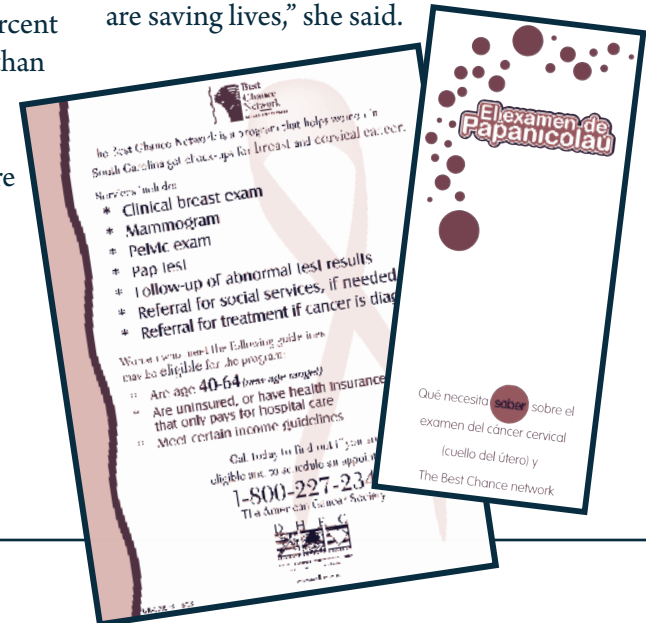
In 16 years since its inception in South Carolina, BCN has saved the lives of many women through prevention and early detection. Among the results:

- Every year more than 8,000 women are screened through BCN statewide;
- More than 25 percent of the women who had a mammogram or Pap smear had rarely or never been screened before;
- At least 60 percent of women screened each year are African American or Hispanic. African-American women are 42.4 percent more likely to die from breast cancer than Caucasian women; and
- More than 350 women have been diagnosed with breast cancer and more than 55 with cervical cancer since the inception of BCN.



“I thank the Lord for Best Chance Network,” says Mrs. Kelly, a grandmother of 20 and now a breast cancer survivor. “I have been a recipient of the Best Chance Network screenings for 10 years. It was through a mammogram that the lump in my right breast was found. This program is critical. I am proud to tell this story.”

Carolane Bagnal of BCN’s quality assurance team says the program’s rewards run both ways. “It is so rewarding to see just how many women are getting screened each week and knowing we are saving lives,” she said.



Contact:

Jan Viars, RN, MPH

Division of Cancer Prevention and Control

South Carolina Department of Health and Environmental Control

1800 St. Julian Place, Columbia, SC 29204 (803) 545-4145 viarsjh@dhec.sc.gov

Heart-Healthy Program Impacts Faith Community

Issue

There are more than 50 African-American churches in Williamsburg County. Within these church congregations, men, women and youth suffer silently from hypertension, diabetes, heart disease and obesity. Greater St. Mark A.M.E. Church in Hemingway has many parishioners who battle these chronic conditions. The church's Health and Wellness Committee, with the support of the church's pastor, saw the need to help.

Williamsburg County residents suffer much higher rates of the risk factors that lead to chronic disease conditions. In South Carolina, 65 percent of the population is overweight; Williamsburg County's rate is 68 percent. In Williamsburg County, 30 percent of the population leads a sedentary lifestyle, while South Carolina's rate is 26 percent.

Intervention

DHEC has partnered with the National Cancer Institute to train Health Ministries in Williamsburg County to use Body & Soul, a curriculum that emphasizes healthy eating and consumption of vegetables and fruits on a daily basis. The training was provided by DHEC in January 2007, and additional technical support continues as needed.

Since the program began, DHEC Region 6, comprised of Georgetown, Horry, and Williamsburg counties, has accomplished:

- Partnerships with local churches to provide four Body & Soul trainings;
- Technical assistance on an as-needed basis and follow-up with health ministries quarterly to provide resources; and
- Participation in local churches' health fairs and distribution of nutritional information.

Impact

Greater St. Mark A.M.E. Church and its Health and Wellness Ministry have been able to assist parishioners to increase healthy eating at all church functions and to be physically active at least three times a week. Furthermore, the pastor agreed to sign a healthy eating policy to improve the health of its members. Church members continue to:

- Participate in an annual Heart Health Walk, held in May. More than 30 parishioners and friends take part;
- Provide nutritious snacks for parishioners every Sunday; and
- Provide free quarterly blood pressure checks.

"Within these church congregations, men, women and youth suffer silently from hypertension, diabetes, heart disease and obesity."



Contact:

Regina Nesmith, MS

Director of Health Education

South Carolina Department of Health and Environmental Control - Region 6

520 Thurgood Marshall Boulevard, Kingstree, SC 29556 (843) 355-6012 nesmitr@dhec.sc.gov

Coastal Plain Rural Health Network Partners Go Smoke-Free

Issue

The Coastal Plain Rural Health Network is located in South Carolina's "tobacco belt," where for years tobacco has been the number one cash crop. However, tobacco use is the leading preventable cause of disease and premature death in South Carolina. Currently, almost 22 percent of S.C. adults smoke cigarettes, and secondhand smoke exposure results in an estimated 580 to 1,030 deaths in our state annually. The U.S. Surgeon General found that there is "no safe level of secondhand smoke exposure."

Intervention

As a result of the Surgeon General's warning and increasing problems caused by tobacco use in South Carolina, hospitals and other health center members of the Coastal Plain Rural Health Network decided to adopt 100 percent tobacco-free policies for buildings and grounds.

The Coastal Plain Rural Health Network includes Clarendon Memorial Hospital, Williamsburg Regional Hospital, Lake City Community Hospital, Marion County Medical Center, Black River Healthcare Inc., and several area health centers including those operated by DHEC Regions 4 and 6. The network began preparing for its tobacco-free policy change in July 2007. Member organizations were to be completely tobacco- and smoke-free by November 15, 2007, the day of the

Great American Smoke-Out. Strategies for successfully making the transition to 100 percent tobacco-free campuses included:

- The network decided to address this controversial project as a group because its members are located in tobacco growing counties;
- DHEC's rural health consultant brought it to the network board's attention that the DHEC Division of Tobacco Prevention and Control had assisted other hospitals around the state to implement a tobacco-free policy using a national "best practice" model;
- The consultant arranged a meeting between the DHEC Division of Tobacco Prevention and Control, DHEC regional chronic disease health educators, and the Coastal Plain Rural Health Network to plan tobacco-free policy adoption and implementation;
- The Coastal Plain Rural Health Network provided appropriate no smoking/smoke-free signs for each hospital; and
- The network provided public relations assistance to its members by helping place articles in local newspapers about the policy change.



Impact

Thanks to the above efforts, the network's hospitals have realized the importance of adopting and enforcing 100 percent tobacco-free policies for their buildings and grounds to protect everyone from secondhand smoke exposure and relay a positive health message.

Results include:

- Four hospitals, 13 health departments, and a community health center had fully implemented tobacco- and smoke-free policies by January 2008, eliminating secondhand smoke exposure for thousands of employees, contractors, patients, and visitors each year;
- The policy change has been accepted reasonably well by the employees, patients, and staff of these institutions; and
- Cessation services and referrals are an integral component of the policy changes.

“...almost 22 percent of S.C. adults smoke cigarettes, and secondhand smoke exposure results in an estimated 580 to 1,030 deaths in our state annually.”



Contact:

Hellen F. Dekle, M.Ed.

*Secondhand Smoke Prevention Policy Consultant, Division of Tobacco Prevention and Control
South Carolina Department of Health and Environmental Control
1800 St. Julian Place, Columbia, SC 29204 (803) 545-4463 deklehe@dhec.sc.gov*

Event Encourages Proper Use of Child Safety Seats and Safety Belts Among Latinos

Issue

One simple hand gesture of “two thumbs up” was the reaction of a little Hispanic girl sitting in her brand new booster seat. As South Carolina’s Latino population grows, so does the number of children at risk of injury on South Carolina’s roadways. Child restraints are not required, nor are they used consistently in Mexico and other Latin American countries. Parents feel that they can better protect their children by holding them in their arms.

Traffic fatalities are the leading cause of deaths for Hispanics 1-34 years of age in the United States. Unrestrained vehicle occupants are more likely to be ejected from the car, and four times more likely to die if ejected. Hispanic children ages 5-12 are 72 percent more likely to die in motor vehicle crash than non-Hispanic children.

Intervention

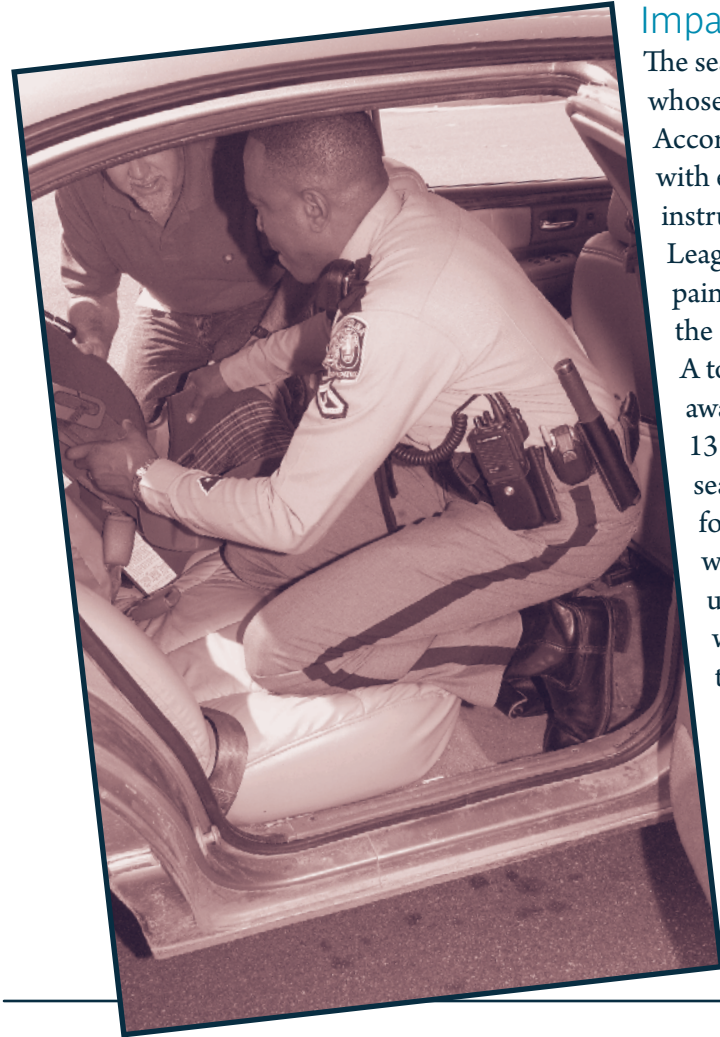
DHEC’s Division of Violence & Injury Prevention (DIVP) partnered with the Junior League, which was raising funds to purchase child restraints to distribute to local Latino parents of young children. Diversity outreach is one of the objectives of a grant awarded to DIVP by the South Carolina Department of Public Safety (SCDPS). Because both the DIVP and the Junior League had similar goals, a collaboration was begun.



An event to distribute the child restraints was scheduled for April 6, 2008, to be held at the West Columbia Wal-Mart. The theme “Corazón de mi Vida” was adopted from a national safety program that encourages Latino families to use child restraints and seat belts. The phrase translates to “you are the center of my life.”

The following took place prior to the event:

- Flyers were printed and distributed to various merchants in the Midlands area that serve the Hispanic population, inviting them to the event;
- Flyers were sent home with children from local schools;
- The Junior League recruited bilingual persons to assist the child passenger safety technicians in providing safety information to the parents attending the seat check; and
- The Junior League purchased convertible child restraints and booster seats with funds raised for this event. DIVP agreed to match the number of seats provided by the Junior League.

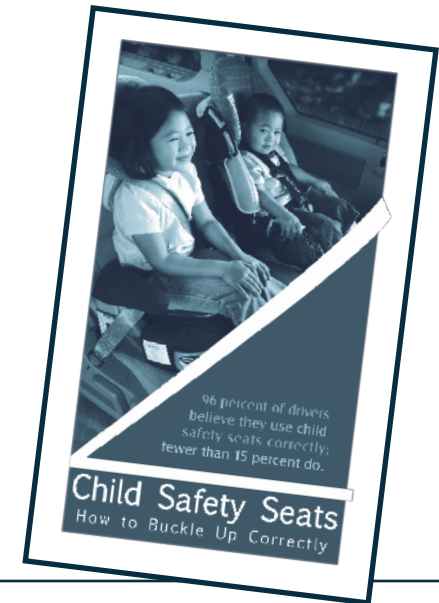


Impact

The seats were distributed to any parent whose child was in need of a new restraint. According to the terms of the SCDPS grant, with each car seat, the parent was given instruction on the proper use. The Junior League arranged for a jump castle, face painting and games to be available for the children, along with a safety message. A total of 73 child restraints were given away during the event. Approximately 13 old seats were exchanged for new car seats because they were inappropriate for use by the child. Convertible seats were also given to expectant parents for use with the newborns, and the parents were taught how to use them and why the restraints were important. Not only were the children who attended evaluated and seated in appropriate restraints, but the parents were also advised about the use of safety belts and minimizing possible projectiles in the vehicles.

The following objectives for the event were met:

- Parents left the event with a greater awareness of safety in vehicles;
- Members of the Latino community established a more positive relationship with local law enforcement officers;
- Unsafe child restraints were taken off the road and replaced with new seats; and
- Seventy-three children are riding safer than before.



Contact:

Meredith St. Louis

Program Coordinator, Division of Violence and Injury Prevention

South Carolina Department of Health and Environmental Control

1800 St. Julian Place, Columbia, SC 29204 (803) 545-4349 stlouimk@dhec.sc.gov

Partnership Strengthens Hospital Quality Improvement Program

Issue

Imagine yourself sitting in a hospital bed. You suddenly feel disoriented, can't speak clearly, and the drink of water you just took spills from your drooping mouth. Your nurse witnesses these symptoms, then immediately activates the stroke intervention team. You're whisked to the CT scan, given Tissue Plasminogen Activator medication, and a thrombectomy is performed. Thanks to the medical team's fast response and adherence to medical guidelines, that same evening you were able to move and speak clearly! This real life success story took place in a S.C. hospital that has been designated as a Joint Commission on Accreditation of Healthcare Organizations Stroke Center. There is tremendous demand for heart disease and stroke treatment services in S.C. hospitals. Consider this:

- Heart disease and stroke accounted for 85,962 hospitalizations in S.C. during 2005, totaling more than \$3 billion;

- Cardiovascular disease is our state's leading killer for both men and women among all racial and ethnic groups; and
- During 2005, 12,693 South Carolinians died from cardiovascular disease – more than the total number of people who died from all cancers, pneumonia, influenza, and car accidents combined.

There will always be a critical need for every patient to receive the right care every time. In order to accomplish this, tools are necessary that remove physician practice bias, eliminate errors and omissions, and promote standard treatment protocols.

Intervention

Get With The Guidelines (GWTG) is the American Heart Association/American Stroke Association's (AHA/ASA) premier hospital-based quality improvement initiative. This initiative helps ensure that a hospital's treatment of coronary artery disease (CAD), heart failure (HF) and stroke is aligned with the most current scientific guidelines and evidence-based treatments and therapies. Through a partnership between DHEC and AHA/ASA, with support from the S.C. Hospital Association, hospitals have recognized improved outcomes through the GWTG initiative. Quality improvement intervention is

accomplished through providing an interactive assessment and reporting system, formation of quality improvement teams led by physician and nurse champions, regular collaboration and educational opportunities through workshop events, and ongoing technical assistance.

- The DHEC Heart Disease and Stroke Prevention Division provides support to S.C. hospitals utilizing 37 of the CAD/HF and stroke GWTG modules, through licensure of the patient management tool and support which enables the implementation of the GWTG quality improvement initiative; and
- Ongoing GWTG workshops address delivery of scientific guidelines and the practice of evidence-based medicine, data sharing and dissemination, and collaboration with prospective and participating GWTG hospitals.

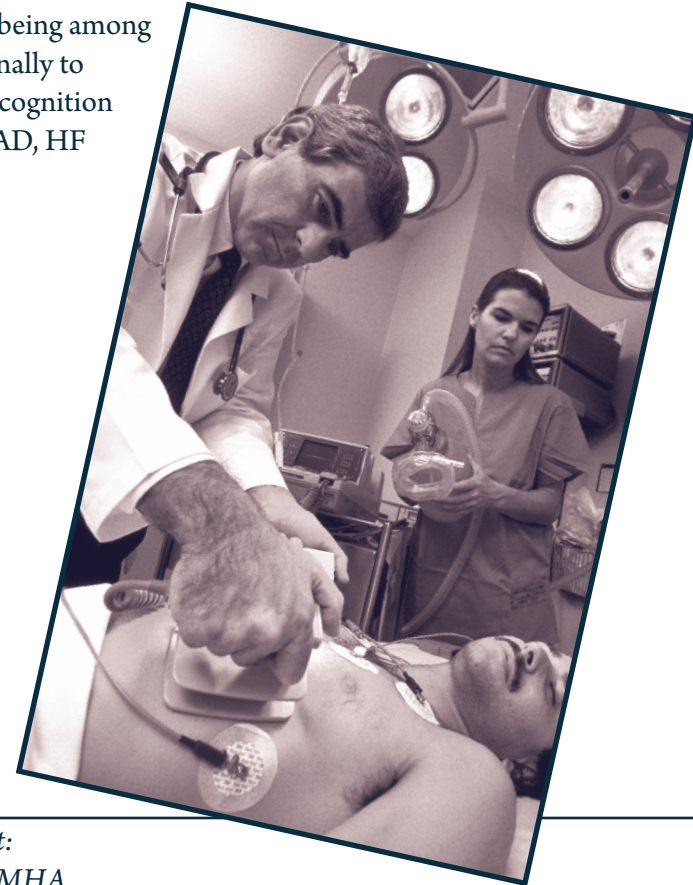
“MUSC has received a ‘Triple Performance Achievement’ from AHA/ASA, published in U.S. News and World Report...”

Impact

Hospitals that have implemented GWTG as policy in managing their CAD, HF and stroke patients have significantly improved their overall compliance with treatment protocols, resulting in improved patient outcomes. The following have been accomplished:

- A total of 12 workshops have been held to introduce the GWTG initiative and provide support to the GWTG hospitals in their quality improvement initiatives;
- To date, 44 percent of S.C. acute care hospitals have implemented at least one GWTG module for hospital quality improvement for cardiovascular disease;
- Five hospitals throughout the state, Sisters of Charity Providence Hospital in Columbia, Self Regional Healthcare in Greenwood, Bon Secours St. Francis Health System in Greenville, Hilton Head Hospital in Hilton Head, and the Medical University of South Carolina, MUSC, in Charleston, have received Performance Achievement Awards from AHA/ASA in

recognition of commitment and success in implementing a higher standard of patient care. MUSC has received a “Triple Performance Achievement Award” from the AHA/ASA, published in U.S. News and World Report, for being among only 25 hospitals nationally to receive performance recognition in all three GWTG (CAD, HF and stroke) modules.



Contact:

Joy Brooks, MHA

Heart Disease and Stroke Prevention Division

South Carolina Department of Health and Environmental Control

1800 St. Julian Place, Columbia SC 29204 (803) 545-4497 brooksjf@dhec.sc.gov

Program Helps Upstate Workers Kick the Habit and Stay Quit

Issue

Geraldine, a 50 year-old Greenville woman, started smoking when she was only 8 years old. She recently decided it was time to quit because she was worried about smoking around a good friend who has emphysema and diabetes. However, quitting was not an easy task for Geraldine or for the hundreds of South Carolinians like her who try to kick this powerful addiction every year.



In 2004, Greenville County had more than 80,000 smokers and more than \$7.9 million dollars in smoking related hospitalizations. Smoking causes cancer, the second leading cause of premature deaths in Greenville County. Research has shown the most effective way to help smokers quit for the long term is to pair medication with behavioral counseling and support.

Intervention

DHEC collaborated with Greenville Family Partnership to develop a program for people like Geraldine who wanted to quit smoking but did not have the time or money to invest in costly and lengthy cessation programs. Dedicate 2 Quit (D2Q), offered at targeted worksites in Greenville County, was developed to accommodate Upstate working families and reach those who did not have funds to pay for cessation programs. This program, which includes four one-hour weekly sessions offered at worksites, would not have been possible without CDC Preventive Health and Health Services Block Grant funds to support staff and provide key resources.

Session leaders discussed:

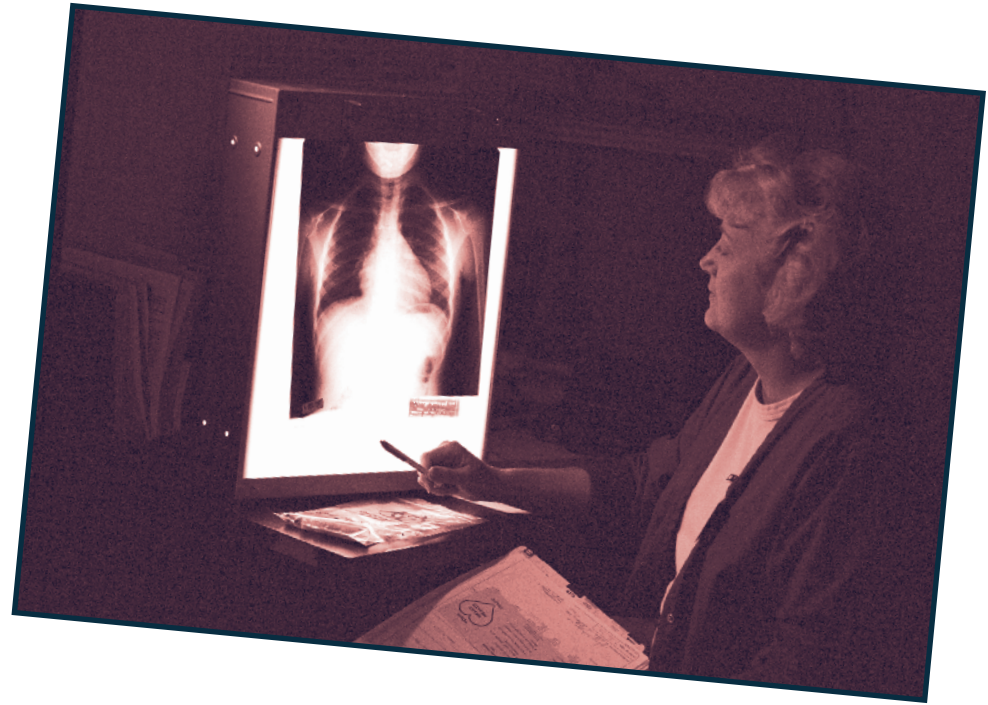
- How chemicals in the tobacco affect the body;
- The direct and indirect costs of smoking;
- Challenges people face when they try to quit smoking and how to overcome those challenges; and
- Tips for quitting and setting achievable goals.

For those unable to participate in D2Q, scholarships for other structured programs were available. After a year of the D2Q series, businesses needed a support system for participants who decided to quit smoking, so D2Q Forever, a monthly support group, was developed. Dedicate 2 Quit helped convince employers to provide their workforce with important smoking cessation resources such as nicotine gum and patches, counseling and support groups.

Impact

Geraldine quit smoking and hasn't smoked for eight months. Without a scholarship and support from her D2Q Forever group, Geraldine admits that she would not have been able to quit. She now sleeps better, has more energy, and her overall health has improved. Geraldine was so inspired by the program that she encouraged two friends to join the D2Q Forever support group. Because of the program's success, the following additional impacts have occurred throughout the Upstate:

- A total of 40 people received scholarships;
- An impressive 100 percent of D2Q Forever participants have stayed quit; and
- More than 20 businesses have implemented changes in their smoking policies.



“...recently decided it was time to quit because she was worried about smoking around a good friend who has emphysema and diabetes.”

Contact:

Lillie M. Hall, PhD (Abd), MHS, MPH, CHES

South Carolina Department of Health and Environmental Control - Region 2

Post Office Box 2507, Greenville, SC 29602 (864) 282-4129 halllm@dhec.sc.gov

Monthly Broadcast Helps Educators Implement Wellness Policies

Issue

S.C.

teachers lead busy lives teaching important academic skills, constantly weaving new standards into their lessons and facing an increasing level of accountability. Educators are already overburdened with myriad daily tasks, so the additional responsibility of meeting new nutrition and physical activity requirements may seem overwhelming to many.

However, South Carolina needs teachers' help because the state's rates of childhood obesity and excess weight are among the highest in the nation. In South Carolina, 368,000 children and adolescents are classified as overweight or obese, and this is 5 percent higher than the national average. Two recent laws, The Child

Nutrition and Women, Infants, and Children Reauthorization Act of 2004, and the S.C. Student Health and Fitness Act of 2005, required schools to implement new measures to decrease poor nutrition and physical inactivity. Both are designed to address the growing obesity epidemic in the United States and South Carolina.

Intervention

DHEC Region 3, comprised of Chester, Fairfield, Lancaster, Lexington, Newberry, Richland and York counties, partnered with the S.C. Department of Education and South Carolina Instructional and Educational Television (ITV/ETV) beginning in 2005 to develop a series of professional development programs for teachers, administrators and food service workers. The goal of the program was to assist educators in putting policies into action without taking them out of the classroom for extended periods. The monthly program, School Health, Nutrition and Physical Activity: Making It Happen, explores wellness policies that went into effect for the 2006-07 school year. The program:

- Is broadcast to teachers each month on ITV and can also be accessed online;
- May be used for professional development only, or schools can register through ITV to use the telecourse for re-certification credit;

- Includes topics such as physical activity, obesity, nutrition guidelines, curriculum and resources available to the schools;
- Highlights successful programs being implemented in schools and provides information on ways schools can incorporate these programs into daily activity; and
- Featured guest speaker Kellie O'Connell of the United States Department of Agriculture. O'Connell presented several segments on the food guide pyramid and dietary guidelines to be used in the programs.

The lessons are hosted and coordinated by Susan Collier, MS, RD, of DHEC Region 3, in collaboration with the other partners. Susan's role in this collaboration is supported by CDC's Preventive Health and Health Services Block Grant.

Impact

As a result of the innovative partnerships the following results were achieved:

- The project is in year three and regularly broadcasts to more than 1,100 schools statewide;
- The programs and school success stories are available on the Internet at www.knowitall.org/healthy. The visits to this site increased from 998 per month in October 2006 when the site launched to 3,002 in March 2007;
- Teachers can take the course for recertification credit; and
- The program received the Healthy South Carolina Challenge award for media accomplishment.

“The goal of the program was to assist them in putting policies into action without taking them out of the classroom for extended periods.”



Contact:

Susan Collier, MS, RD

South Carolina Department of Health and Environmental Control – Region 3
1070 Heckle Boulevard, Rock Hill, SC 29732 (803) 909-7336 colliesn@dhec.sc.gov

Gadsden Elementary Students Garden Their Way to a Healthier Lifestyle

Issue

Gadsden Elementary School nurse Andrea Williams and some teachers at her school in rural Richland County noticed students were not eating the recommended daily servings of vegetables and fruits. In rural areas, 16.5 percent of children are obese or overweight; in urban areas, it's 14.4 percent. Poor nutrition, such as not eating enough vegetables and fruits, can lead to obesity. People living in rural areas are often faced with limited selection and higher cost for fresh fruits and vegetables.

“The school realized these improper eating habits were affecting the children,” Williams said. “To make the greatest impact, the school decided it was time to promote a healthy and affordable eating message for the families, faculty, staff and community.”

Intervention

Gadsden Elementary's Green Thumb Club, which introduces students to the art of gardening, was a creative way of attacking obesity and poor eating habits. Students cultivate soil, plant seeds, maintain a garden and harvest and prepare food. Students also used the MyPyramid to guide their food selections. While incorporating fresh vegetables and fruits, the students learned the colors associated with each food group and the importance of eating a balanced diet that includes all food groups.

Thanks to recognition and support from DHEC's All-Health Team and funds from CDC's Preventive Health and Health Services Block Grant, Green Thumb Club members were able to expand what they learned into their school and community in the following ways:

- Newsletters and recipe cards were sent to faculty, students, families and the community teaching the importance of eating vegetables and fruits;

- Green Thumb Club students learned the appropriate seasonal foods that could be planted in the garden. They grew their own seasonal produce at school and home; and
- Food preparation was taught to help foster positive eating habits as a life skill. Tasting parties were held at school. Parents and faculty were able to experience eating an array of healthy offerings from all food groups.



Impact

The following results occurred in the 2006-2007 school year:

- A total of 176 students and their families, 45 faculty members, seven faith-based organizations and five businesses received the monthly newsletter;
- Twenty-five faculty members lost a combined 93 pounds thanks to Green Thumb Club efforts;
- All 30 club members and several faculty members began home gardens. They also assisted two private child-care centers, five elderly individuals in the community, and an adult-assisted living residential home with planting a garden; and
- The program was featured on WLTX-19, WIS-10, The State newspaper, Columbia Star and S.C. Educational Television (ETV) in Columbia. Media coverage helped educate the general public on the benefits of gardening and eating healthy.

The Green Thumb Club is preparing to show other schools and community groups how to duplicate the project. Plans are under way for the Green Thumb Club to support a “Healthy Garden” at S.C. Clemson Extension by exhibiting creative vegetable beds and fruits.



Contact:

Joann Minder

*Media/Health Communications Coordinator, Division of Obesity and Prevention Control
South Carolina Department of Health and Environmental Control
1800 St. Julian Place, Columbia, SC 29204 (803) 545-4501 minderjm@dhec.sc.gov*

South Carolinians Eat More Fruits and Veggies Thanks to Grocery Store Initiative

Issue

Chef Sheila Veach was not sure kale soup would be popular with Saturday shoppers at BI-LO grocery store in Columbia. But in just two hours, all the kale soup was gone, and customers were asking for more. Produce department staff noted that sales of fresh kale were higher than usual.

However, this scenario is rare in South Carolina where only one in five adults eat at least five servings of vegetables and fruits every day. Less than 25 percent of adolescents consume five to nine servings daily. Compared to people who eat only small amounts of vegetables and fruits, those who eat more generous amounts—as part of a healthy diet—are likely to have reduced risk of chronic diseases.

Intervention

DHEC, Clemson University Culinary Science Program and BI-LO grocery stores are working to increase consumption of fruits and vegetables.

As part of South Carolina's launch of the “Fruits and Veggies—More Matters” national campaign, BI-LO grocery stores in Simpsonville and Columbia sponsored pilot in-store events. The initiative, called “What’s Cooking?” included events on 14

Saturdays from March through June 2007. The pilot program, which was funded in part by CDC’s Preventive Health and Health Services Block Grant, used the following strategies:

- Student and professional chefs volunteered their time and prepared a different healthy recipe each week for customers to taste;
- Customers got a new recipe and nutrition tip each week to try at home;
- Recipe ingredients and suggested portion sizes were displayed;

- A DHEC registered dietitian and a professional chef volunteered at BI-LO each week to answer customers’ questions and offer suggestions;
- Customers participated in a pre- and post-survey about their nutrition, vegetable and fruit purchase habits; and
- BI-LO analyzed produce purchases of participating customers before and during the pilot.



Impact

About 1,000 customers tried samples of the healthy recipes offered in both stores during the 14-week period. A number of customers reported making the kale soup and other healthy recipes and that their families ate every bite. Chef Sheila prepares the soup for her husband and their 5- and 7- year-old sons, and it has fast become a favorite. Other results include:

- Produce purchases for the Simpsonville group increased by 6 percent when compared to purchases made immediately before their involvement in the pilot program; and
- BI-LO grocery has agreed to support the events in other locations throughout the state, which includes:
 - Advertising of events promoting “What’s Cooking?;”
 - Offering customer incentives to take part in the program; and
 - Providing ingredients for the sample recipes.



“...in just two hours, all the kale soup was gone and customers were asking for more.”

Contact:

Susan S. Frost, MS, RD

Diabetes Prevention and Control Program

South Carolina Department of Health and Environmental Control

1800 St. Julian Place, Columbia, SC 29204 (803) 545-4487 frostss@dhec.sc.gov

Smoke-Free Ordinance Makes Healthy Waves on Surfside Beach

Issue

Surfside Beach, home to approximately 4,800 permanent residents, is situated four miles south of Myrtle Beach and 85 miles north of Charleston. Located in Horry County, the heart of S.C. tobacco-growing country, the town annually attracts thousands of visitors, many of whom are used to smoke-free indoor workplace laws in their own communities.

During 2007, this community with historic ties to tobacco began discussing a smoke-free workplace ordinance. Secondhand smoke causes at least 38,000 annual deaths in the United States and between 580 and 1,030 annual deaths in South Carolina. The Surgeon General, our nation's top public health official, warned that there is no safe level of exposure to secondhand smoke, which can cause lung cancer and heart disease.

Intervention

Key leaders in Surfside Beach articulated their community's readiness to change the smoking culture of this popular tourist town and made creating a local smoke-free ordinance for the town a priority. DHEC, in partnership with the South Carolina Tobacco Collaborative, South Carolina African-American Tobacco Control Network, BREATHE Tobacco Prevention Coalition, and local citizens, worked with town officials to develop an ordinance to protect Surfside Beach workers, residents and visitors from the health hazards of secondhand smoke exposure.

The DHEC Region 6 chronic disease manager, who is supported by the Preventive Health and Health Services Block Grant, performed an important role in assisting the key community leaders and partners in the policy development process. Activities included:

- Providing sample smoke-free ordinances from other cities to town council members;
- Providing visitor survey data from nearby Charleston to show the potential fiscal impact of smoke-free ordinances on businesses in a resort area;

- Presenting data from a California survey to show the impact of prohibiting tobacco use on public beaches. Control of cigarette butts and other litter issues were identified;
- Using fact sheets, presentations and other resources to educate community residents and city officials in the planning process; and
- Identifying key decision makers, residents and local agencies to lead the advocacy process.

“ Key leaders in Surfside Beach articulated their community's readiness to change the smoking culture of this popular tourist town...”

Impact

As of October 1, 2007 when the town implemented its ordinance, Surfside Beach was the first smoke-free community on the Grand Strand, the first smoke-free beach in the state and the first community in the heart of South Carolina's tobacco country to protect citizens and visitors against the dangers of secondhand smoke.

Along with reduced exposure to secondhand smoke for the town's 4,800 residents and thousands of annual visitors, the policy change intervention will also:

- Save on cleaning and maintenance costs with buildings and grounds;
- Prevent potential fires within businesses;
- Control beach litter from cigarette products, such as packages, butts, and lighters;
- Reduce insurance cost for employees;
- Reduce absenteeism from workers due to tobacco related diseases; and
- Eliminate time loss for smoking breaks.



Contact:

Larry A. White

South Carolina Department of Health and Environmental Control - Region 6
2830 Oak Street, Conway, SC 29526 (843) 365-3126 whitela@dhec.sc.gov

Initiative Engages Local Governments for Improved Bike and Pedestrian Pathways

Issue

Garrett Wonders, a Charleston-area bicyclist and Naval officer, had real hopes of competing in the Olympic Games in Athens. Tragically, Garrett was killed by a driver while riding his bike near Moncks Corner. He joined numerous others whose bicycling deaths have combined to consistently place South Carolina's roads among the most dangerous in the nation. Since 2000, South Carolina has had the second, third, and ninth highest rates of bicycling deaths per capita in the United States. Active transportation is a key part of promoting physical activity among South Carolinians, but access and safety are paramount to making it more universal.

staff's involvement with the subcommittee is to assist with implementing the CMCOG Bike and Pedestrian Pathways Plan to improve and increase facilities for alternative modes of transportation, including bicycling, running, walking, and access for people with disabilities.

“...educate the city's citizens, leaders, and educators on the value and importance of bicycling and walking for healthy lifestyles and communities.”

Intervention

The Central Midlands Council of Government's (CMCOG) Bicycle and Pedestrian Subcommittee was re-established six years ago with leadership from DHEC's physical activity consultant, a Preventive Health and Health Services Block Grant team member. The fundamental purpose for CMCOG

Impact

During the past year, the CMCOG staff and subcommittee have participated in a variety of activities in support of this goal. Highlights of these activities include:

- Workshops and conferences, such as the S.C. Department of Transportation's Safe Routes To School Training, and the S.C. Coalition for Promoting Physical Activity's 2007 Obesity Prevention Conference;
- Awareness initiatives and campaigns such as DHEC's Take a Break for Exhaust, the City of Columbia's Bike Week, Bike-To-Work Day, and Ozone Alert Season;
- Assistance to area towns and cities regarding designation of possible bike routes and locations of signage, such as staff's involvement with the City of Columbia's Bicycle Friendly Community Committee. Currently, Richland, Calhoun and Kershaw counties, along with Columbia, Blythewood, Cayce, Elgin, Springdale and Swansea, have adopted either the CMCOG Model Resolution or the CMCOG Bike and Pedestrian Pathways Plan;

- Encouragement and outreach efforts to 19 area jurisdictions, appealing for them to incorporate the principles and design practices noted in the Pathways Plan in their local land development regulations; and
- Implementation of Columbia Bicycle and Pedestrian Week, designed to engage community members, elected officials, business leaders, and professional staff in the transportation planning process. The goal is to make the City of Columbia bicycle and pedestrian friendly, improve safety for all of Columbia bicyclists and pedestrians, and educate the city's citizens, leaders, and educators on the value and importance of bicycling and walking for healthy lifestyles and communities.



Contact:

Jay Daniels, MPH

Physical Activity Consultant

South Carolina Department of Health and Environmental Control

1800 St. Julian Place, Columbia, SC 29204 (803) 545-4486 danielje@dhec.sc.gov

EMS Inspectors Ensure Ambulances Have Lifesaving Equipment On Board

Issue

Terry Horton, Chief of Compliance for the Division of Emergency Medical Services (EMS) and Trauma at DHEC has a personal stake in the mission of his division.

“I have family and friends in this state, and I want to make sure that when they need an ambulance, the crew is trained and the ambulance has the necessary equipment on board to treat any emergency,” he said.

In 2007, Horton and his staff of EMS inspectors faced the daunting task of inspecting 1,191 ambulances and 260 EMS services for compliance with state EMS regulations. In past years, this mission has been made difficult by a shortage of EMS inspectors and an ever-increasing number of ambulances and EMS

services. In 2006, 67 ambulances, 15 percent of the total ambulances that were inspected, failed initial inspections because of missing equipment and sanitation issues. In some instances, vital resuscitative equipment was missing from the ambulances.

Intervention

DHEC set a goal of reducing the number of ambulances that failed initial inspections through a program of intensive inspections and other compliance interventions. An investment of \$179,000 from CDC’s Preventive Health and Health Services Block Grant enabled DHEC’s Division of EMS and Trauma to increase the number of ambulance inspections and other compliance interventions. The EMS inspectors are now involved in every aspect of the operations of the EMS services assigned to them. They examine treatment protocols, assist EMS services in taking corrective actions, and inform them of the latest trends in training. In an effort to reduce ambulance inspection failures, the following interventions were accomplished:

- A total of 556 ambulances were inspected for compliance with equipment and sanitation regulations;
- A notable 1,153 telephone consults were conducted with EMS services regarding compliance issues; and

- Treatment protocols, training records, and drug formularies for 140 EMS services were examined for compliance.



Impact

Lanny Bernard, Director of Lancaster County EMS, sees the increased visibility of EMS inspectors in the EMS community and the increased emphasis on ambulance inspections as an affirmation of a long held philosophy.

“I expect nothing short of excellence from the professionals at Lancaster County EMS, and I take great comfort in the fact that those same standards are required throughout the EMS profession in South Carolina,” Bernard said.

The enhanced inspection efforts have resulted in:

- A decline in the number of ambulances that failed initial inspections from 15 percent in 2006 to five percent in 2007, 27 ambulances; and
- The re-licensure of 140 EMS services with only two EMS services failing re-licensure on first notice. The two EMS services made necessary corrections and were subsequently re-licensed.

“I expect nothing short of excellence from the professionals at Lancaster County EMS, and I take great comfort in the fact that those same standards are required throughout the EMS profession in South Carolina...”



Contact:

Jennifer Paddock

Division of EMS and Trauma

South Carolina Department of Health and Environmental Control
1777 St. Julian Place, Columbia, SC 29204 (803) 545-4569 paddocjl@dhec.sc.gov

Up in Smoke: Tobacco-Free Policies Eliminate Smoking on Hospital Grounds

Issue

Patients in hospital gowns, IV's attached, dragging on the last inch of a cigarette while standing outside the entrance to a hospital are always a startling sight. Those passing by often gawk to see such a blatant disregard for the rampant health hazards of tobacco at a place where healing and wellness are supposed to be top priorities.

Unfortunately, until a few months ago this scene was not uncommon on hospital campuses throughout South Carolina. Smoking is the single greatest preventable cause of disease and death, according to the U.S. Surgeon General. In the report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, our nation's top public health official concluded,

“there is no risk-free level of exposure to secondhand smoke.” Yet, secondhand smoke results in an estimated 580 to 1,030 deaths in South Carolina annually.

Intervention

In the wake of the Surgeon General's June 2006 report, DHEC's Division of Tobacco Prevention and Control employed various strategies to reduce secondhand smoke exposure. The division is supported by CDC's Preventive Health and Health Services Block Grant, and the state secondhand smoke policy prevention coordinator works as a Block Grant consultant to the agency's public health regions.

One key action included promoting adoption of 100 percent tobacco-free policies in hospital buildings and grounds throughout the state.

Specific tactics included:

- Developing a model 100 percent tobacco-free policy for healthcare facilities to ensure a tobacco-free environment for all employees, contractors and visitors within buildings, vehicles, grounds and at all sponsored events;
- Creating and using a toolkit to help facilities successfully adopt and implement policies;
- Serving as consultants and resident experts on secondhand smoke. Staff members attended hospital board meetings, met with

transitional teams and were generally “on call” to assist hospitals as they converted to 100 percent tobacco-free campuses;

- Working with partners such as the S.C. Tobacco Collaborative and the S.C. Hospital Association to promote policy adoption; and
- Producing and distributing a map to pinpoint the number and location of tobacco-free hospitals in South Carolina.



Impact

Thanks to the above efforts, many S.C. hospitals have realized the importance of adopting and enforcing 100 percent tobacco-free policies for their buildings and grounds to protect everyone from secondhand smoke exposure and relay a positive health message. Among the results:

- Forty-nine hospitals adopted a 100 percent tobacco-free policy for their campuses, completely eliminating secondhand smoke exposure for thousands of hospital employees, contractors, patients, and visitors each year;
- The S.C. Hospital Association passed a resolution that encouraged all hospitals to go smoke-free in buildings and on grounds by November 2007;
- More than 10 hospitals are considering strengthening their policies; and
- Cessation services and referrals are an integral component of new policy changes.

“Patients in hospital gowns, IV’s attached, dragging on the last inch of a cigarette while standing outside the entrance to a hospital...”



Contact:

Hellen F. Dekle, M.Ed.

Secondhand Smoke Prevention Policy Consultant, Division of Tobacco Prevention and Control

South Carolina Department of Health and Environmental Control

1800 St. Julian Place, Columbia, SC 29204 (803) 545-4463 deklehe@dhec.sc.gov



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